



राष्ट्रीयप्रौद्योगिकीसंस्थान- आंध्रप्रदेश

NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

TADEPALLIGUDEM- 534102, WEST GODAVARI DIST., ANDHRA PRADESH, INDIA.

Hostel Accommodation Form for Project staff/Internship students/Guests

S. No:

1. Name of the Candidate :
(in block Letters with surname)
2. i) Program: Project staff/Internship/Adhoc-Faculty/Ph. D (Part-time):
ii) Branch:
iii) Year & Semester: _____ iv) Reg / Roll No: _____
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3. (i) Date of Birth

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 ii) Blood Group: (iii) Gender (Male/Female):
4. i) Father's Name (in block letters):
ii) Mother's Name (in block letters):
5. i) Detailed Address for Communication:
(Permanent Address) _____

- ii) Mobile Numbers: Parent: _____ Guest/Faculty/Student: _____
6. Aadhaar Card Number [attach photo copy(s)]
7. Student/Guest: _____
8. Duration of staying period, From: _____ To: _____

Affix Pass Port
Size
Photograph

DECLARATION BY THE STUDENT/FACULTY/GUEST

I hereby declare that I will abide by the rules and regulations framed by the Hostel Administration Committee (HAC) from time to time and in the event of any misconduct and /or violation of hostel rules by me, I am aware that I have to undergo disciplinary action recommended by HAC. I hereby undertake that in case, if I found involved in any ragging case, I am liable for punishment recommended by the appropriate authorities.

Place:

Date:

Signature of the Candidate

DECLARATION BY SUPERVISOR & HOD

I hereby declare that my students/our department faculty/Mr./Miss/Dr of Project staff / Internship / Adhoc-Faculty / Ph.D. (Part-time) Branch shall abide by the rules and regulations of the hostel in force failing which, he/she can be expelled from the hostel.

Date:

Signature of Supervisor

Signature of the Head of the Department

(FOR OFFICE USE ONLY)

Please admit Mr./Miss/Mrs./Dr..... Project staff / Internship / Adhoc-Faculty / Ph.D. (Part-time). Branch to the Hostel as Resident Boarder.

Date:

Warden/Chief Warden
NIT Andhra Pradesh, Hostels